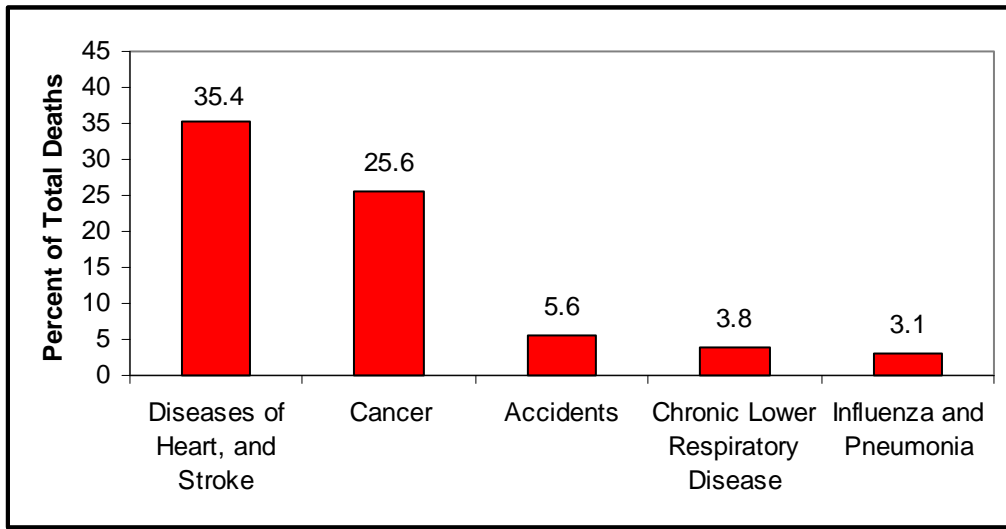


## Statistical Fact Sheet — Populations

### Asian/Pacific Islanders and Cardiovascular Diseases

#### Leading Causes of Death for Asian/Pacific Islander Males

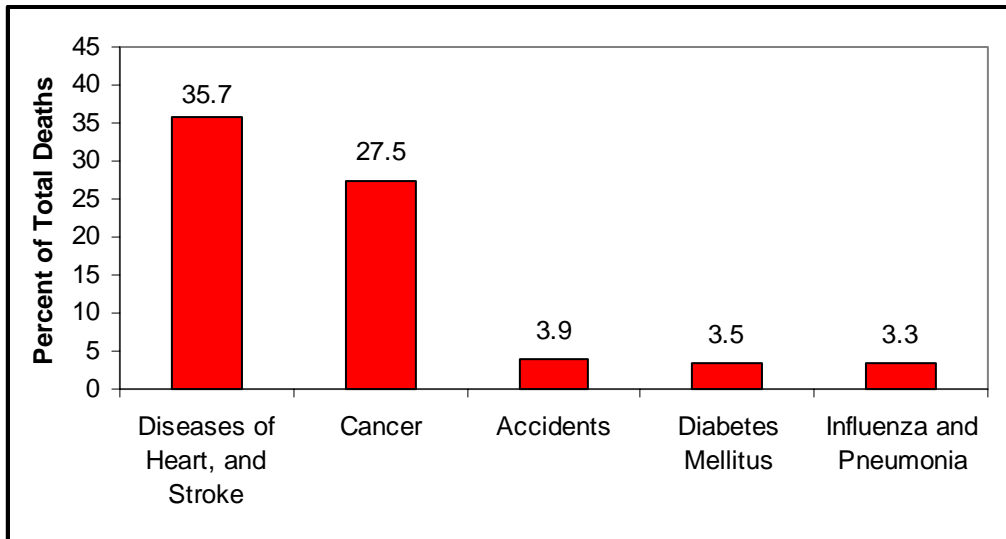
United States: 2000



Source: CDC/NCHS.

#### Leading Causes of Death for Asian/Pacific Islander Females

United States: 2000



Source: CDC/NCHS.

**Note** This Asian/Pacific Islander category includes people at high CVD risk (South Asian) and people at low CVD risk (Japanese). More specific data on these groups aren't available. The combined "Diseases of the Heart" and "Stroke" category represents about 90 percent of "Total Cardiovascular Disease."

**Note:** Death rates are age-adjusted per 100,000 population, based on the 2000 U.S. standard. Some data are reported according to ICD/9 codes and some use ICD/10 codes.

**Coronary Heart Disease (CHD)** (ICD/10 codes I20-I25) (ICD/9 codes 410-414, 429.2)

- The 2000 overall CHD death rate was 186.9. The 1999 CHD death rate for Asian/Pacific Islanders was 115.5. (CDC/NCHS)

**Stroke** (ICD/10 codes I60-I69) (ICD/9 codes 430-438)

- The 2000 overall death rate for stroke was 60.8. The 1999 stroke death rate for Asian/Pacific Islanders was 52.4. (CDC/NCHS)
- The average annual incidence rates (per 1,000) of stroke in Japanese-American men increased with advancing age from 45-49 to 65-68 at the initial examination:
  - from 2.1 to 8.2 for total stroke.
  - from 1.5 to 6.6 for thromboembolic stroke (stroke caused by a clot).
  - from 0.4 to 1.0 for intracerebral hemorrhage (stroke caused by a ruptured blood vessel).(24-year follow-up of the HHP, NHLBI)
- The age-adjusted annual incidence rate (per 1,000) among middle-aged Japanese-American men has declined markedly:
  - from 5.1 to 2.4 for total stroke.
  - from 3.5 to 1.9 for thromboembolic stroke.
  - from 1.1 to 0.6 for hemorrhagic stroke.(1969-88 follow-up of the HHP, NHLBI)
- From 1990 to 1998, age-adjusted (1940 standard) stroke death rates declined 8.1 percent for Asian/Pacific Islanders. (Healthy People statistical notes, No. 23, CDC/NCHS, Jan.2002).
- Looking at age-standardized mortality rates from 1995 to 1998, death rates from intracerebral hemorrhage were higher among Asian/Pacific Islanders than among whites. (*Am. J Epi.* 2001;154:1057-1063)
- Racial and ethnic minority populations **in some age groups** have a higher relative risk of stroke death when compared with the U.S. non-Hispanic white population. Among Asian/Pacific Islanders, the relative risk is
  - 1.3 times higher at ages 35-54.
  - 1.4 times higher at ages 55-64.
  - about the same at ages 65-84.
  - slightly lower at age 85 and older.(*MMWR*, Vol. 49, No. 5, Feb. 11, 2000, CDC/NCHS)

**High Blood Pressure (HBP)** (ICD/10 codes I10-I15) (ICD/9 codes 401-404)

- Among Asian/Pacific Islanders age 18 and older, the median percentage who've been told by a health professional that they have HBP is 16.3. (BRFSS [1997], CDC/NCHS)
- 73 percent of Japanese-American men ages 71-93 have high blood pressure. (HHP, NHLBI)

**Tobacco Smoke**

- Among Asian/Pacific Islanders age 18 and older, the following smoke:
  - 24.3 percent of men.
  - 7.1 percent of women.(NHIS [1999], CDC/NCHS)
- Men use chewing tobacco at 10 times the rate for women. For Asian/Pacific Islanders, the following use chewing tobacco:
  - 1.2 percent of men.
  - Almost none of women.(NHANES III [1988-94], CDC/NCHS)

**High Blood Cholesterol and Other Lipids**

- In adults, total cholesterol levels of 240 mg/dL or higher are considered high risk. Levels from 200 to 239 mg/dL are considered borderline-high risk.
- The median percentage of Asian/Pacific Islanders age 18 and older who've been told by a professional that they have high blood cholesterol is 27.3 percent. (BRFSS [1997], CDC/NCHS)
- Among elderly Japanese-American men, 42 percent have total cholesterol levels of 200 mg/dL or higher or are taking cholesterol-lowering medication. (HHP, Fourth Examination [1991-93], NHLBI)

**Physical Inactivity**

- Among non-Hispanic Asian/Pacific Islanders age 18 and older, the following are sedentary (have no leisure-time physical activity):
  - 30.9 percent of men.
  - 45.5 percent of women.(NHIS [1997-98], CDC/NCHS)

**Overweight and Obesity**

- Among non-Hispanic Asian/Pacific Islanders age 18 and older, the following are overweight, defined as a body mass index (BMI) of 25 kg/m<sup>2</sup> or higher:
  - 36.7 percent of men.
  - 27.1 percent of women.(NHIS [1997-98], CDC/NCHS)

### **Diabetes Mellitus** (ICD/9 code 250) (ICD/10 codes E10-E14)

- Among Asian/Pacific Islanders age 18 and older, the median percentage who've been told by a health professional that they have diabetes is 4.6 percent. (BRFSS [1997], CDC/NCHS)
- 17 percent of Japanese-American men ages 71-93 have diabetes. In addition, 19 percent have unrecognized diabetes, and 32 percent have impaired glucose tolerance (pre-diabetes). (HHP [1991-93], NHLBI)

#### **Source Footnotes**

BRFSS – Behavioral Risk Factor Surveillance System

CDC/NCHS – Centers for Disease Control and Prevention/National Center for Health Statistics

HHP – Honolulu Heart Program

*MMWR – Morbidity and Mortality Weekly Report*

NHIS – National Health Interview Survey

NHLBI – National Heart, Lung, and Blood Institute